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CONFIRMATION NO. 4920

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/649,082	<b>FILING OR 371(c) DATE</b> 08/26/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 5101B
<b>APPLICANTS</b> Philip Dehayza, Westbury, NY; Cheng Lu, Livingston, NJ;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/310,629 12/05/2002 ABN which is a CON of 09/695,445 10/24/2000 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 11/17/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 17
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 48228				
<b>TITLE</b> SODIUM HYALURONATE MICROSPHERES				
<b>FILING FEE RECEIVED</b> 675	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	